K042969
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510(k) Summary of Safety and Effectiveness

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General Provisions

The name of the device is:

Proprietary Name	Common or Usual Name
SMART™ Control™ Nitinol Stent Transhepatic Biliary System	Biliary Stent

Name of Predicate Devices

The device is substantially equivalent to:

- SMART™ CONTROL™ Nitinol Stent Transhepatic Biliary System (510(k) # K023217 – October 25, 2002) - Cordis Corporation.
- SMART™ CONTROL™ Nitinol Stent Transhepatic Biliary System (510(k) # K032457 – September 4, 2003) – Cordis Corporation.

Classification

Class II.

Performance Standards

Performance standards have not been established by the FDA under section 514 of the Food, Drug and Cosmetic Act.

Indications for Use

The **SMART™ Control™ Nitinol Stent Transhepatic Biliary System** is intended for use in the palliation of malignant neoplasms in the biliary tree.

Device Description

The device description of the proposed **SMART™ Control™ Nitinol Stent Transhepatic Biliary System** is as follows.

- 6 French stent delivery system profile;
- Stent material – Nickel Titanium alloy and tantalum micromarkers;
- Expanded stent diameters 9 and 10 mm;
- Stent lengths: 80 mm;
- Stent delivery system usable length 80 and 120 cm;
- Guidewire lumen 0.035";
- Proximal Deployment Handle.

Biocompatibility

All materials used in the **SMART™ Control™ Nitinol Stent Transhepatic Biliary System** are biocompatible.

Summary of Substantial Equivalence

The **SMART™ Control™ Nitinol Stent Transhepatic Biliary System** is substantially equivalent to the predicate devices. The equivalence was confirmed through pre-clinical testing.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

NOV - 8 2004

Ms. Donna Marshall
Regulatory Affairs Associate II
Cordis Corporation
P.O Box 4917
WARREN NJ 07059

Re: K042969
Trade/Device Name: Cordis S.M.A.R.T.™ Control™ Nitinol Stent Transhepatic Biliary System
Regulation Number: 21 CFR §876.5010
Regulation Name: Biliary catheter and accessories
Regulatory Class: II
Product Code: 78 FGE
Dated: October 27, 2004
Received: October 28, 2004

Dear Ms. Marshall:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act and the limitations described below. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

The Office of Device Evaluation has determined that there is a reasonable likelihood that this device will be used for an intended use not identified in the proposed labeling and that such use could cause harm. Therefore, in accordance with Section 513(i)(1)(E) of the Act, the following limitation must appear in the Warnings section of the device's labeling:

> The safety and effectiveness of this device for use in the vascular system have not been established.

Furthermore, the indication for biliary use must be prominently displayed in all labeling, including pouch, box, and carton labels, instructions for use, and other promotional materials, in close proximity to the trade name, of a similar point size, and in bold print.

Please note that the above labeling limitations are required by Section 513(i)(1)(E) of the Act. Therefore, a new 510(k) is required before these limitations are modified in any way or removed from the device's labeling.

The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and permits your device to proceed to the market. This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification if the limitation statement described above is added to your labeling.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific information about the application of other labeling requirements to your device (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0115. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International, and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/dsma/dsmamain.html.

Sincerely yours,

Donna-Bea Tillman, Ph.D.
Director
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

Indications for Use

510(k) Number (if known): K042969

Device Name: Cordis S.M.A.R.T.™ Control™ Nitinol Stent Transhepatic Biliary System

FDA Indications For Use:

The Cordis S.M.A.R.T.™ Control ™ Nitinol Stent Transhepatic Biliary System is intended for use in the palliation of malignant neoplasms in the biliary tree.

Prescription Use ___X____ AND/OR Over-The-Counter Use _____
(Part 21 CFR 801 Subpart D) (21 CFR 807 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

Nancy C Brogdon

(Division Sign-Off)
Division of Reproductive, Abdominal,
and Radiological Devices
510(k) Number K042969